

# ONE AND TWO FAMILY DWELLING & ATTACHED ACCESSORY STRUCTURES PERMIT APPLICATION

Permit # \_\_\_\_\_

## Check all that apply

\_\_\_\_\_ Single Family Residence \_\_\_\_\_ Two Family Residence \_\_\_\_\_ Spec. Home  
\_\_\_\_\_ Rental \_\_\_\_\_ Owner Occupied \_\_\_\_\_ Accessory Quarters \_\_\_\_\_ Guest House  
\_\_\_\_\_ Modular \_\_\_\_\_ Moved home from \_\_\_\_\_

## Alteration to Existing Home

\_\_\_\_\_ Addition \_\_\_\_\_ Interior Remodel \_\_\_\_\_ Repair \_\_\_\_\_ Other

Fair Market Value of remodel or repair \$ \_\_\_\_\_

Provide a brief description of proposed work \_\_\_\_\_

## Attached Accessory Structures

\_\_\_\_\_ Garage \_\_\_\_\_ Carport \_\_\_\_\_ Decks \_\_\_\_\_ Other (describe) \_\_\_\_\_

## Dimensions

**Basement** \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ sq.ft.  
\_\_\_\_\_ Finished \_\_\_\_\_ Semi-finished/Insulated \_\_\_\_\_ Unfinished

**Main Floor** \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ sq.ft.

**2<sup>nd</sup> Floor** \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ sq.ft.

**3<sup>rd</sup> Floor** \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ sq.ft.

**Number of Bedrooms** \_\_\_\_\_ Method of sewage disposal \_\_\_\_\_ Septic \_\_\_\_\_ Sewer

**Garage** \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ sq.ft.

**Carport** \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ sq.ft.

**Deck** \_\_\_\_\_ X \_\_\_\_\_ = \_\_\_\_\_ sq.ft.  
Height above Grade \_\_\_\_\_ Covered? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Maximum height of building** \_\_\_\_\_ (Measured from average natural grade to high point of building  
excluding antennas, chimneys or similar architectural features)

Total Heated floor Area \_\_\_\_\_ sq. ft. Percentage of glazing \_\_\_\_\_

Type of heat? \_\_\_\_\_ Electric resistance \_\_\_\_\_ Other \_\_\_\_\_

Provide copy of Water Availability form **approved** by the Island County Health Department.  
Approval Date \_\_\_\_\_

Provide copy of septic permit or as-built **approved** by the Island County Health Department.  
Septic permit # \_\_\_\_\_

Provide copy of access permit **approved** by the Island County Public Works Department.  
Access Permit # \_\_\_\_\_

<b>Island County Plumbing &amp; Mechanical Permit</b>	<b>Permit Number:</b> _____																																																																																										
<p>1. Has this building been previously heated? _____</p> <p>2. Heat Type (Circle all that apply) :    <b>Electric</b>    <b>Propane</b>    <b>Natural Gas</b>    <b>Other (describe) :</b> _____</p> <p>3. Propane Tank(s) proposed? Yes    No    If yes, how many? _____ # of Gallons _____</p> <p style="margin-left: 20px;">ASME Tank / DOT Tank    Above Ground / Under Ground    (Circle each as appropriate)</p> <p>4. Is this for a manufactured home? _____ If yes, approval of an alteration permit from the Department of Labor and Industries is required for interior fixtures.</p>																																																																																											
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